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Item 4 of the provisional agenda*

Country note****Egypt***Summary*

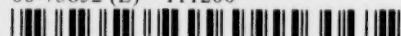
The Executive Director presents the country note for Egypt for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Over the last decade, Egypt has made great strides towards the achievement of child rights. By 1999, the infant mortality rate (IMR) and under-five mortality rate (U5MR) were estimated at 41 and 52 per 1,000 live births, respectively (Demographic and Health Survey (DHS), 2000), or about half the levels of 1990. Immunization coverage has remained above 90 per cent since 1996 and is currently 95 per cent. Primary school net enrolment rose from 87 per cent in 1990/91 to 94 per cent in 1998/99, and the gender gap has decreased from 12 per cent to 5 per cent over the last five years. The proportion of children completing grade 5 now shows no gender differences. Government statistics show improved access to safe drinking water, from 69 per cent in 1996 to 83 per cent in 1999. The Presidential Declaration of the Decade of the Egyptian Child (1989-1999) placed children at the centre of Egypt's social development plans, mandating the National Council for Childhood and Motherhood with monitoring the translation of political will into budgetary allocations and results for children. Commitment has remained high, resulting in the

* E/ICEF/2001/2.

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Presidential Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) and Egypt's new Social Development Agenda, both of which focus on the nation's youth and on the disadvantaged.

2. Yet challenges remain. Despite a decline in the total fertility rate from 5.3 in 1979 to 3.5 in 1999 (DHS, 2000), Egypt's population of about 67 million is expected to double by 2029. Rural Upper Egypt has much higher IMR and U5MR, 69 and 88 per 1,000 live births, respectively (DHS, 2000); the highest rate of stunting in children (27 per cent); and the highest incidence of poverty. Rural Egypt's access to safe drinking water (62 per cent) is well below the national average, as is its access to safe disposal of human excreta (18 per cent against a national average of 45 per cent). The degradation of water quality from excreta and wastewater is a serious concern. Routine distribution of vitamin A now covers 94 and 88 per cent of children aged 9 and 18 months, respectively, but only 30 per cent of mothers after delivery. Only 56 per cent of households consume iodized salt, although it is widely available in the market. Iron deficiency anaemia remains serious, affecting 28, 25, 32 and 30 per cent, respectively, of women of child-bearing age, pregnant women, lactating women and pre-school-age children. Nine cases of polio were confirmed in 1999.

3. Important disparities also persist in education: some 40 per cent of girls age 7 to 13 are out of school in rural Upper Egypt, as compared to 32 per cent of boys. Poor households spend a disproportionate share of their income on basic education. The bulk of these costs go to teachers for private tuition.

4. The 1993 National Maternal Mortality Audit showed a maternal mortality rate (MMR) of 174 per 100,000 live births. Antenatal care and delivery assistance have improved, but disparities remain significant: 87 per cent of deliveries in urban governorates are supervised by skilled medical personnel, compared to 55 and 46 per cent, respectively, for Upper Egypt and rural Upper Egypt. The latter also has much higher MMR (544 in Assiut, 386 in Qena and 307 in Sohag). Female genital mutilation (FGM) is nearly universal. Studies reveal that 9 out of every 10 girls fall victim to the practice, although there are indications that attitudes may be changing. Female illiteracy remains high, at 38 per cent. The nationality law bars an Egyptian woman married to a non-Egyptian from giving her nationality to her children, which deprives them of their basic rights.

5. Estimates of working children range from 2 to 12 per cent of all children age 6 to 14. School drop-out rates are 32 and 19 per cent of working children in urban and rural areas, respectively. Family financial pressures and poor quality of education are the primary causes. Recent surveys show that 3 to 8 per cent of children under 18 suffer from some form of disability, but only 5 per cent of disabled children have access to the services they need.

6. Egypt's excellent media coverage offers opportunities to reach a large segment of the population. Over 90 per cent of households have access to television and radio. Recent studies indicate a need to improve the content of parenting and children's programmes and to address the preponderance of material biased towards the male, urban, middle-class population.

7. The United Nations system in Egypt is in the process of completing the Common Country Assessment, with "Children at Risk" as one of the themes. The United Nations Development Assistance Framework will be completed by

December 2000. The country team in Egypt has chosen to focus part of its joint programming efforts on girls' education. The United Nations Development Group has harmonized its programme cycles.

Lessons learned from past cooperation

8. The current country programme has an exceptionally long cycle of seven years, due to the need to harmonize cycles with United Nations agencies and government programmes. A key lesson is that the largely vertical approach adopted by the programme, designed to reach the end-decade goals, needs to be changed. Egypt's leadership has called for a holistic rather than sectoral approach. The difficulties that beset the Egyptian woman and girl child are so pervasive and fundamental that a multifaceted, long-term approach is needed. Efforts to monitor the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women would also gain from an integrated approach.

9. The current programme has largely contributed to maintaining immunization rates above 90 per cent. Sustained UNICEF and World Health Organization support to Egypt to eradicate polio has made this programme Egypt's strongest in identifying children whose rights to health and protection have been overlooked. The programme also contributed to making iodized salt available to 94 per cent of the population; improved access to and utilization of emergency obstetric services in 9 districts of Upper Egypt; raised awareness about saving mothers' lives; ensured quality education for 5,500 rural girls; contributed to improving the curriculum; and supported teacher training for 3,000 one-classroom schools.

10. Yet areas for improvement remain: UNICEF contributions to health sector reform should be more visible and explicit, and emergency obstetric care should be expanded to save more mothers and newborns. Access to education for rural girls needs to be addressed to combat female illiteracy. Better parenting should be integrated within a broader early childhood effort. The area-based programme could be more effective if it fully integrated sectoral inputs and interventions from government partners and UNICEF. (Lack of convergence and integration limited impact and led to its closure in June 1998.) The need for geographically focused activities to reduce disparities remains clear. Future efforts in this area will pay special attention to correcting earlier weaknesses, and will focus on the most disadvantaged areas in rural Upper Egypt.

Proposed country programme strategy

11. The overall aim of the country programme is to support national and local authorities, non-governmental organizations (NGOs) and community-based organizations in fulfilling their obligations to children and women. Special emphasis will be given to reducing disparities and promoting universal achievement of child rights. Guiding principles will be provided by the two Conventions, the World Summit for Children Declaration and Plan of Action, Egypt's Presidential Declaration of the Second Decade, and the country's Social Development Agenda.

12. Egypt's substantial progress in the right to survival and development has opened the way for a greater focus on protection. The programme of cooperation has four main areas, linked through a focus on the excluded. The first programme, *promotion and monitoring of children's and women's rights*, will seek to influence policy and create an enabling environment for government and non-governmental institutions to monitor and promote children's and women's rights. It will support national institutions and work with other United Nations agencies in monitoring the situation of children and women and the implementation of the two Conventions. Through support to NGOs, UNICEF will seek to institutionalize the role of NGO coalitions that have been established to promote, protect and monitor the rights of children and women. The programme will also contribute to promoting a culture of rights via the mass media.

13. The second programme, *support to national policies and programmes*, will ensure that children and women — especially the most vulnerable — remain at the centre of national policies and sectoral reform. The programme will: (a) promote the integration and mainstreaming of children's and women's rights, with specific policy and budget objectives, into the national five-year plan; (b) ensure that sectoral reforms and national policies emphasize access to quality services for the most vulnerable groups; and (c) make selective interventions at the national level to support such government efforts as the eradication of polio and the elimination of neonatal tetanus, as well as vitamin A, iodine and iron deficiencies.

14. The third programme, *special protection*, will support the Government in its efforts to reduce child labour and eliminate its most hazardous and exploitative forms; reduce childhood disability and ensure an improvement in the well-being of disabled children; and reduce domestic violence, FGM and sexual exploitation. Each of the three projects in this programme will have a national component that will contribute to national policies and strategies, as well as field-level interventions.

15. The fourth programme, on *integrated local development*, will target disadvantaged districts in the governorates of Assiut, Sohag and Qena, which rank among Egypt's poorest. The choice of districts takes into account the distribution of development funds. The programme will improve access to school for girls, from an average of 60 per cent to at least 70 per cent; improve deliveries by qualified personnel, from 33 per cent to at least 55 per cent; and increase access to safe sanitation, from 12 per cent to 25 per cent. Lessons learned from the past cycle will shape interventions by: addressing disparities in access to basic social services; providing experience to promote changes in policy; and promoting community-based development and empowerment. Reducing disparity in these most disadvantaged areas will be limited to small-scale, experimental field initiatives that yield policy lessons.

16. Egypt is rich in data and expertise. UNICEF will draw on these assets to build further capacity to monitor the situation of children and women in support of advocacy and policy dialogue. The programme intends to significantly strengthen capacity in this field. Baselines will be set and progress observed as part of an integrated monitoring and evaluation plan. Pilot projects will be clearly defined as such. Parameters of effectiveness will be set early to allow a more efficient transition from results-based testing to knowledge-based advocacy and large-scale replication.

17. Cross-sectoral costs will provide support for the effective delivery of each of the four programmes, specifically key staff functions in the area of finance, administration, supply and information technology, as well as operational costs, which are critical to ensuring programme implementation.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Promotion and monitoring of children's and women's rights	2 156	3 750	5 906
Support to national policies and programmes	2 156	7 500	9 656
Special protection	1 800	3 750	5 550
Integrated local development	3 589	7 500	11 089
Cross-sectoral costs	1 078	2 500	3 578
Total	10 779	25 000	35 779

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note****Lebanon***Summary*

The Executive Director presents the country note for Lebanon for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Lebanon has achieved most of the goals of the World Summit for Children. The infant mortality rate (IMR) and under-five mortality rate (U5MR) have steadily declined to 28 and 32 per 1,000 live births, respectively (Pan-Arab Programme for Children Survey, 1996), with no significant gender disparity. National immunization coverage is 96 per cent, and no cases of polio have been recorded since 1994. Most national nutrition goals have been achieved for both boys and girls. Nearly all pregnant women have access to prenatal care and trained attendants during childbirth. Ninety-eight per cent of children age 6 to 11 are at school, with no gender disparities, and 91 per cent of children aged 3 to 5 are enrolled in pre-schools and childcare programmes. National surveys show a decline in illiteracy rates from 16 per cent in 1990 to 12 per cent (16 per cent for women) in 1996.

2. Yet a number of challenges remain. Neonatal mortality represents 75 per cent of infant deaths, indicating problems in the quality of maternal health services and newborn care. Some 27 per cent of women of reproductive age and 25 per cent of

* E/ICEF/2001/2.

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children under 5 suffer from iron deficiency anaemia. Only 41 per cent of children are exclusively breastfed in the first month, the rate decreasing thereafter, and complementary feeding practices are often inappropriate.

3. With a population estimated by the Central Statistical Office at 3.6 million, subnational disparities continue to be a serious problem in Lebanon. The IMR in the Beqaa and South Lebanon are two to three times higher than in Beirut and Mount Lebanon. Immunization coverage and the quality of maternal and child health services also vary widely within the country. The private sector dominates a large part of social services. Yet about half the population have no health insurance. Enrolment rates vary among regions: the high cost of education impedes access for poor families.

4. The quality of public sector social services remains an issue. Public health facilities are limited and offer a non-standardized package of services. In public primary schools, repetition rates (28 per cent) and drop-out rates (24 per cent) are respectively five times and twice those in private schools. Almost two thirds of pre-school and early childhood care institutions do not have the required licensing and skilled staff.

5. The juvenile justice system suffers from prolonged judiciary procedures (averaging 11 months) and from limited rehabilitation and re-education opportunities. Child labour is a problem: of those 10 to 14 years of age, some 5 per cent of boys and 2 per cent of girls are working. Most of them, having left school early, are unskilled and functionally illiterate. The minimum legal age for work is 14 years, but education is free and compulsory only up to 12 years. About 2 per cent of those under 18 are disabled; more than half of these disabilities are preventable. Some 20 per cent of school-age children are classified as slow learners or have minor learning difficulties.

6. Youth represent an important potential force in Lebanon's reconstruction process. But they also face challenges linked to lifestyles, educational quality and relevance, and their role and participation in public life. Gender equity is still lacking in such areas as legislation, employment, income generation and participation in political and public life.

7. The recent withdrawal of Israeli forces from South Lebanon and the West Beqaa will require major reconstruction and rebuilding of services, re-integration of the population, and creation of employment and development opportunities.

8. In 1998, Lebanon carried out a Common Country Assessment (CCA), and the CCA report has been updated on a yearly basis. Thematic groups meet and work together regularly. Work on a United Nations Development Assistance Framework has started and is expected to be complete by the end of 2000.

Lessons learned from past cooperation

9. The mid-term review (MTR) acknowledged the role of UNICEF in contributing to the achievement of national goals for children, in raising the level of awareness of child rights, and in mobilizing resources for children from a wide range of partners. UNICEF interventions at grass-roots level, especially in the underserved regions, contributed to national capacity-building at peripheral level. Such interventions and field presence have also allowed UNICEF to maintain an

emergency preparedness that has proved valuable in the most recent crisis. Given the high levels of social development in Lebanon, UNICEF contributions to national achievements have been of a catalytic nature. The health programme provided procurement services for vaccines and essential drugs, and contributed to capacity-building of service personnel. In education, strong advocacy led to the issuance of the free and compulsory education (FCE) law. The programme also supported various initiatives and studies for improving education quality and access. Advocacy based on studies of child labour led in 1998 to the first national strategy for child labour in Lebanon. In cooperation with several partners, the programme provided educational opportunities to working children in one rural and five urban areas, and initiated a system to update information on working children. Work on juvenile delinquency included support to training of personnel and rehabilitation of young detainees.

10. MTR and evaluation findings indicate the need to change the vertical approach in health to a more integrated strategy; reduce bureaucratic layers and high administrative costs in education interventions; set less ambitious objectives; and improve coordination between partners. Child protection interventions need to address problems related to weak institutions, poor enforcement of child labour laws, the gap between the legal age for working and the compulsory school attendance age, and the issue of working girls. The programme also needs to give more attention to strengthening institutional capacities for producing gender-disaggregated data, and monitoring the application of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Proposed country programme strategy

11. The programme of cooperation will promote the full implementation of the Convention on the Rights of the Child; address disparities and promote equity in the situation of children and women; and contribute to ensuring a positive and active role for youth in Lebanese society. This will be done through providing input to policies and legislation based on studies, research and field experience; supporting interventions that benefit the most vulnerable groups, which in turn will inform the policy dialogue; creating and strengthening partnerships, especially with youth, the private sector, civil society organizations and other United Nations agencies; and strengthening institutional capacities for monitoring the implementation of the two Conventions. The programme of cooperation will comprise four programmes, three based on the life cycle of the Lebanese child, and the fourth supporting the other three.

12. The *child care and development programme*, benefiting children under six years of age and pregnant and lactating mothers, has four components: support to the Government in sustaining the World Summit goals, through monitoring, research, advocacy, technical support and procurement services; collaboration with partners in the development and application of policies and norms that promote equity and quality of maternal and child health services, with a focus on the most vulnerable groups; improvement of child care in pre-school institutions, and use of programme experience in the Better Parenting Initiative to promote parental and community education in health, nutrition and psychosocial care practices (including promotion of breastfeeding, proper complementary feeding practices, and the

implementation of the International Code of Marketing of Breast Milk Substitutes); and support to national efforts to eliminate iodine deficiency disorders, mainly through monitoring support, and to control iron deficiency anaemia, through a comprehensive approach including fortification, supplementation and health and dietary education.

13. The *learning programme*, for children aged 6 to 13, will contribute to national efforts to provide access for all to a quality basic education, including for the poorest; and to improve retention, as a preventive strategy for tackling child labour. Through studies, operational research and policy dialogue with partners, UNICEF will promote the application and monitoring of the FCE law and the extension of this law up to age 15, to close the gap with the minimum working age. Working with partners in ongoing education reform, UNICEF will promote measures and policies to improve education quality and reduce drop-out rates in public schools. The programme will also support the elimination of gender stereotypes and strengthen counselling systems in public schools, the latter through equipping teachers and counsellors with skills to identify and deal with potential drop-outs. UNICEF will work with partners to improve the existing capacity of referral centres for children at risk, including those with learning difficulties.

14. The *youth empowerment and protection programme*, for ages 14 to 18, will contribute to providing youth with skills and knowledge for the future. This will be done through supporting operational research to identify priorities and actions; promoting policies and plans specific to youth; and building partnerships with government, non-governmental and private sector partners and the International Labour Organization to create development opportunities for youth. Particular attention will be given to youth living in disadvantaged areas, at-risk youth, and girls who have dropped out of school. The programme will support the development of "second chance learning" modules for out-of-school youth, and the training of youth trainers on such risks as smoking, injuries and HIV/AIDS.

15. The *promotion of children's and women's rights programme* will promote the application and monitoring of the two Conventions, with particular attention to improving gender statistics. This will be done through training to strengthen national institutional capacities, interpersonal communication for behaviour change, and public education and information through the mass media. Support will be given to the relevant ministries for a national centre for information on children, capable of collecting and disseminating regular reports on the situation of Lebanese children and women.

16. The *country programme* will contribute to the reconstruction and development process in South Lebanon and the West Beqaa, through intensifying programme activities in these regions and undertaking activities tailored to fit local needs, while taking into account new developments. Depending on the availability of additional resources for the south, UNICEF will also contribute to raising awareness on landmines; increasing access to safe water and sanitation as part of the child-care and development programme; and expanding interventions specifically designed for disadvantaged groups in these regions.

17. Based on objectives, key results expected, and their indicators, an integrated monitoring and evaluation plan will be developed, implemented and updated annually.

18. The cross-sectoral costs will be used to provide high-quality technical expertise in a range of crosscutting programme areas, drawn from universities, policy and research institutes, and other centres of excellence.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(in thousands of United States Dollars)

	Regular resources	Other resources	Total
Child care and development	971	1 275	2 246
Learning	488	850	1 338
Youth empowerment and protection	727	1 760	2 427
Promotion of children's and women's rights	242	425	667
Cross-sectoral costs	607	750	1 357
Total	3 035	4 060	7 095

* These are indicative figures only which are subject to change once aggregate financial data are finalized.



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Country note**

Morocco

Summary

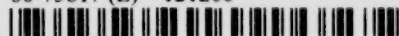
The Executive Director presents the country note for the cooperation programme with Morocco for the period 2002 to 2006.

The situation of children and women

1. In recent years, Morocco (which has a population of 28 million) has made great progress in achieving the objectives of the World Summit for Children. There has been a significant decline in the infant and infant and child mortality rates, which fell from 69 to 37 per 1,000 live births and from 92 to 46 per 1,000 live births, respectively, between 1987 and 1997, according to the Pan-Arab Project for Child Development (PAPCHILD) survey. Nine out of ten children are vaccinated, and there have been no recorded cases of polio since 1990. According to the Ministry of Education, the overall school enrolment rate was 80 per cent for the 1999/2000 academic year, as against 56 per cent in 1990/1991. A Five-Year Development Plan 2000-2004 has just been adopted; the Plan demonstrates commitment at the highest levels to increased emphasis on social development. A United Nations Development Assistance Framework (UNDAF) was drawn up in 1998; preparation of a second common country assessment (CCA) is currently under way.

* E/ICEF/2001/2.

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2. There are still great disparities between rural and urban areas: in rural areas, nearly 38 per cent of girls aged 6 to 11 do not attend school (as against 12.6 per cent in towns); 83 per cent of women are illiterate (as against 45.5 per cent in urban areas); and the infant and child mortality rate is double that of urban areas (61 per 1,000 live births in rural areas as against 30 per 1,000 live births in urban areas). Nearly a third of the rural population lives over 10 kilometres from a health centre. Three quarters of all women give birth without medical assistance; the maternal mortality rate is 307 per 100,000 live births (as against 125 in urban areas). The rate of access to drinking water is 54.6 per cent in rural areas and 93 per cent in urban areas (National Household Survey 1998-1999). Drought, together with a massive exodus from rural areas, is aggravating the situation of the poorest population groups.

3. A national proclamation has established education as a priority for the next ten-year period; universal basic education is to be achieved by 2002. The situation in that sector remains a source of concern: insufficient attention is paid to the development of young children; there are disparities in access to basic education; and 50 per cent of children enrolled in first grade do not finish primary school (Ministry of Education). The factors contributing to that situation include families' poverty, mothers' illiteracy, distance from school, overly-academic curricula, lack of teaching materials and teaching methods and attitudes that encourage children's passivity rather than classroom participation.

4. Perinatal problems account for one fifth of all deaths among children under five, followed by infectious diseases such as diarrhoea, acute respiratory infections and parasitic infections. Malnutrition often accompanies these factors: one fourth of children under five are developmentally delayed. There is also a high rate of micronutrient deficiencies. The social and economic situation and growing migration and tourism have led to a high risk of contracting human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), particularly among adolescents. Access to health care and medicine remains problematic in rural areas. Integrated Management of Childhood Illness (IMCI) is the primary strategy used in improving children's health.

5. The minimum legal age of employment has been raised from 12 to 15 and a national action plan aimed at progressively eradicating child labour has just been adopted. The problem of street children is growing in urban areas; non-governmental organizations (NGOs) have set up social rehabilitation programmes and the Government has begun to formulate a national policy on the issue. Children in conflict with the law are also a source of concern; nearly 70 per cent of children assigned to reform institutions by judicial decree have committed only minor offences or been convicted of vagrancy. Various forms of violence against children have begun to attract increasing attention in Morocco.

6. The target population is relatively ignorant of the Convention on the Rights of the Child. A major effort to harmonize legislation with the Convention has been undertaken. Action by the media remains limited because the information has not been sufficiently adapted to specific regional characteristics and because there is a lack of journalistic expertise on the subject of the Convention. The lack of awareness of child-related attitudes and behaviour is also a major obstacle to the success of communications projects. There is as yet no information network devoted solely to children. Existing information networks face various problems: data are not

broken down at the decentralized level; there is a lack of qualitative data; and some children have not yet been recorded in the civil registry.

Lessons learned from recent programme experience

7. The mid-term review led to a refocusing of activities on the education and health sectors and to needed changes in the role of the United Nations Children's Fund (UNICEF), taking into account its comparative advantages. Problems had been noted: little use had been made of the Convention as a frame of reference for activities; pilot projects in the field had borne little or no relevance to national policies and strategies, as would be required in order to ensure the sustainability and replicability of activities; and insufficient attention had been paid to protecting certain groups of children, particularly in the area of data collection. Furthermore, the programme had included unrealistic objectives and widely scattered activities, sometimes with little relationship to its objectives. Health and education projects had been insufficiently emphasized. The communications aspect had not played the key role originally intended for it and monitoring and evaluation had been largely neglected. The programme carried out in rural areas demonstrated the need to include two factors essential to the success of a decentralized programme: implementation of a system of partnership at the national, provincial and local levels and relevance to national policies and strategies.

8. As a result of the mid-term review, needed changes were made: education became the primary focus of action and activities in the health-care sector were strengthened. The central and peripheral levels have been more closely linked. The current emphasis is on communication, monitoring and evaluation.

Proposed country programme strategy

9. The strategic framework for the cooperation programme 2002-2006 will be the Convention on the Rights of the Child and will follow a rights-based approach. The environment is particularly favourable to this approach owing to the commitment at the highest levels of Government to social development and reduction of disparities. The goal of the cooperation programme will be to help the national authorities more fully and quickly to take into account Moroccan children's right to survival, development, protection and participation. Geographical coverage will be achieved by building on progress made since 1997; by using as an example communes and provinces where children and their mothers are particularly deprived of their basic rights; and by taking advantage of opportunities for partnership with other agencies of the United Nations system, bilateral cooperation agencies, local NGOs and the private sector; UNICEF will rely on its comparative advantages and seek to ensure complementarity of efforts. The country programme will consist of four closely linked programmes. The first will help develop key national policies and strategies in the fields of education and health; the second will make them operational. The third will provide a consistent response to the problems of children living in difficult circumstances and will be carried out both in the field and at the national level, helping to develop general policies and strategies. The fourth programme will provide ongoing support for the other three in the areas of communication, monitoring and evaluation.

10. The *programme of support for national priorities* will support national policies for universal basic education and improved access to primary health care. By building on experience gained in the field in partnership with the communities, the programme will seek to develop innovative, relevant and high-quality intervention models. In the field of education, the programme will support the development of community strategies for parent education and school education; the establishment of mechanisms to continue the expansion process by improving the quality of the learning environment and the teaching methods; and the development of model curricula adapted to various groups of marginalized children. In the health field, the programme's objective will be to help the Government consolidate progress in the areas of: vaccination, particularly the eradication of measles and the certified eradication of polio; efforts to combat diarrhoeal diseases and acute respiratory infections as part of the IMCI initiative; access to high-quality health care for children and women, including at school; improved nutrition for children and mothers; and efforts to combat emerging problems such as HIV/AIDS.

11. The *support for children in rural areas programme*, which is part of the effort to reduce disparities between rural and urban areas, will focus on decentralization and integration of activities. It will seek to develop a local child development model capable of wide-scale replication and to implement in remote areas approaches developed at the national level in the areas of young child development, basic education, maternal health and access to basic health care. It will focus on developing local competences and on giving responsibility to local partners, including communities and families, through the active involvement of "rural communes" (decentralized administrative units). Support will be provided in the area of drinking water supply as a catalyst for a participatory approach that will promote better health and education by improving school facilities and reducing the need to fetch water.

12. The *child protection programme* will help develop national policies and strategies and will seek to ensure that policy makers use the experience gained in remote areas concerning the protection of children in institutions, street children and working children. The emphasis will be on strengthening the competences of agencies and NGOs and ensuring mobilization of and advocacy with target populations. Since the programme will focus on relatively new areas of intervention, data collection and the establishment of networks for expertise and experience-sharing will be heavily promoted.

13. The *programme for promotion of and monitoring of the Convention on the Rights of the Child* will be divided into two parts. In the area of communication, it will focus on strengthening advocacy and social mobilization on behalf of children by emphasizing participation. Through a cross-sectoral approach, the programme will support the development of communications projects designed to change behaviour associated with implementation of the priority areas of the cooperation programme by strengthening the partners' capacities, producing documentation and sharing experience in the field. In the area of monitoring and evaluation, the programme will seek to ensure effective implementation of a consistent, reliable and dynamic information network of information on children and of an effective, efficient system of monitoring and evaluating the cooperation programme. The focus will be on making quantitative, qualitative and disaggregated indicators available in remote areas and on strengthening capacities at the decentralized level. The programme will also promote a Convention-monitoring process.

14. The "cross-sectoral costs" will cover the support needed for effective implementation of the programme by assuming the cost of three posts for assistants in the programme, supply and finance offices.

Estimated programme budget

Estimated programme cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Support for national priorities	1 645	2 200	3 845
Support for children in rural areas	2 255	4 400	6 655
Child protection	1 434	2 750	4 184
Promotion of and follow-up to the Convention	1 110	1 650	2 760
Cross-sectoral costs	539	0	539
Total	6 983	11 000	17 983

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note****Sudan***Summary*

The Executive Director presents the country note for Sudan for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The situation of children and women in Sudan remains daunting. The infant mortality rate (IMR) and under-five mortality rate (U5MR) are estimated at 110 and 145 per 1,000 live births, respectively, in the northern states, but are one third higher in accessible areas in the south. Malaria (estimated to be between 23 to 34 per cent year round), diarrhoea, acute respiratory infections and malnutrition remain the main causes of child deaths. The national estimate for child malnutrition is 23 per cent, but surveys in pre-harvest season in the south found over half of children under the age of five showing evidence of wasting. Over one quarter of schoolchildren in some northern states show moderate to severe prevalence of goitre. Vitamin A deficiency is widespread among those under five. In the northern states, iron deficiency anaemia affects up to two thirds of children under five and women of childbearing age. From 1996 to 1999, immunization coverage in the north declined from 90 to 83 per cent; in some southern states it fell to as low as 14 per cent. There were over 50 confirmed cases of polio in 1999. Access to safe drinking water is

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.



below 30 per cent in rural areas. Some 70 per cent of the world's remaining cases of dracunculiasis are in Sudan, and at the end of 1999, 66,000 cases were reported, mainly in the south and bordering northern states. About 90 per cent of Sudanese women undergo female genital mutilation (FGM), in most cases severe forms that lead to health problems. National debate is continuing on the ratification of the Convention on the Elimination of All Forms of Discrimination against Women. By July 2000, some 6,000 cases of HIV/AIDS were reported, and there is social stigma associated with the pandemic.

2. Primary school net enrolment rates declined between 1996 and 1999, from 46 to 40 per cent nationwide and from 14 to 9 per cent in the south. Out of the children enrolled in the southern states, only about one third actually attend school, which means that in some states, as few as 5 per cent of children are going to school. Some 37 per cent of men and 62 per cent of women are illiterate.

3. Sudan suffers from environmental degradation and is prone to floods, drought and epidemics of measles, meningitis and diarrhoea. Since 1983, conflict has led to devastating consequences for children and women, mainly in the south, and there are an estimated 3.7 million internally displaced persons. The abduction of children and women is another pressing problem. The Government has initiated steps to address this, and has created the Committee for the Eradication of the Abduction of Women and Children. The decentralization process, begun in 1994, has devolved responsibility for financing and implementation of basic services to the states, but social services remain weak. Many states are unable to cover expenses, and increasingly families are shouldering more costs.

4. UNICEF maintains close collaboration with other agencies, notably the United Nations Office for the Coordination of Humanitarian Affairs, the World Food Programme, World Health Organization and United Nations Fund for Population Activities. Recent collaboration in polio eradication efforts is an example.

Lessons learned from past cooperation

5. The cooperation between the Government and UNICEF in the tracing, retrieval and reunification of abducted children and women demonstrated the effectiveness of UNICEF advocacy, reinforced by its service delivery and grass-roots interventions. Since peace building and child rights remain the sine qua non for all efforts to reach children and women, the 1999 mid-term review (MTR) modified the current programme to create a new programme for addressing these issues.

6. UNICEF support contributed to: reducing malaria incidence by 41 per cent in the Upper Nile State; achieving high coverage levels during National Immunization Days; lessening the impact of epidemics and disasters; providing improved access to water and environmental sanitation for over 2 million persons; reducing dracunculiasis by 40 per cent over three years; and supporting some 134,000 families with supplementary feeding and food production through Operation Lifeline Sudan (OLS). Overall, however, inadequate coordination between community-based initiatives lessened the impact. The Child Friendly Village Initiative (CFVI) benefited a population of 850,000 in 450 villages, and led to high rates of school enrolment and immunization coverage, but criteria for the selection of villages were unclear and convergence was insufficient between the CFVI and sectoral programmes. The education programme provided basic education to 20,000

nomadic children and, through funding from OLS, to 300,000 children in conflict areas. But the programme's scope, which included quality improvement and monitoring of learning achievement, was too broad, and higher priority should have been assigned to increasing access. Overall, it was found that the country programme's geographic and programmatic coverage was too ambitious, thus reducing its impact. Although the MTR had adjusted the programme, the future programme of cooperation will need even greater focus.

Proposed country programme strategy

7. The programme of cooperation will aim to reduce mortality among the most vulnerable children and women; reduce gender and geographic inequities among children and women; promote a culture of peace among all stakeholders; and develop appropriate protection measures for children and women most at risk. The programme will have four strategic thrusts. First, national policies and programmes will be supported through technical and supply inputs, capacity-building, advocacy and social mobilization. Second, all sectoral field interventions and community-based initiatives will target the most disadvantaged communities, which will be selected on the basis of a "Child-Friendly Community" (CFC) approach. Third, child rights and grass-roots peace building will form the normative framework for all interventions. Fourth, each programme will develop a high degree of emergency preparedness to enable rapid response to war-related displacement, floods, drought and epidemics.

8. Using disaggregated data from the year 2000 multiple indicator cluster survey and government sources, the CFC approach will plot data (primarily on immunization, nutrition, water supply coverage and school enrolment) on maps, in order to identify the states and communities eligible for priority interventions. The number of communities to be selected will depend on the availability of resources and the presence of other partners.

9. The *health and nutrition programme* will support policy and strategy development, social mobilization and selected service delivery interventions for key programmes areas with national coverage, including polio, immunization, malaria, iodine deficiency disorders, vitamin A deficiency, and iron deficiency anaemia. Interventions at subnational level will focus on communities selected by the CFC approach and will include: helping community leaders to develop and support problem-solving strategies; intensifying immunization and polio eradication support; tackling other diseases using the Integrated Management of Childhood Illness approach; supporting essential obstetric care; and supporting community-based growth monitoring and promotion.

10. The *basic education programme* will focus on increasing access to basic education in the communities identified by the CFC approach, using both formal schooling and alternative approaches. Support to formal schooling will include the provision of teaching/learning materials, mobilization of communities and improvement of the learning environment. Alternative approaches will include: continued support to basic education for nomadic children and children from internally displaced groups; provision of learning opportunities for adolescent girls who missed out on schooling; and support to traditional approaches such as *Khalwas* (Koranic schools). To increase retention, UNICEF will support training of teachers

and community-based facilitators. At national level, UNICEF will support policy and curriculum development, in order to accelerate access and promote the integration of issues such as tolerance, cultural diversity and peace into curricula. At community level, these issues will be promoted in collaboration with traditional structures.

11. Focusing on communities selected by the CFC approach, the *water and environmental sanitation programme* will increase access to safe drinking water and sanitary means of excreta disposal and educate families on personal hygiene and environmental sanitation. The dracunculiasis project will focus on all endemic areas, promoting access to safe water, ensuring the knowledge necessary to reduce transmission, and strengthening surveillance and reporting systems.

12. The *rights, protection and peace-building programme* will have four components. First, humanitarian principles and children's and women's rights will be promoted through advocacy, training, collaboration with universities, harmonization of national laws with the Convention on the Rights of the Child, and consensus building in support of ratification of the Convention on the Elimination of All Forms of Discrimination against Women. Second, grass-roots peace building will be supported through peace conferences, inter-tribal reconciliation activities, training and conflict resolution. Third, the programme will seek to reunify and reintegrate separated and abducted children with their families and communities. At national level, UNICEF will promote appropriate policies for abducted children, child soldiers, internally displaced, children in conflict with the law, and street and working children. The fourth component will support policy and advocacy work on FGM.

13. The *information, communication and advocacy programme* will aim to change the behaviour of parents, young people and communities selected through the CFC approach, in the areas of child care, girl's education, water use, sanitation, hygiene, HIV/AIDS and FGM. Second, at national level, the programme will promote awareness of the Convention on the Rights of the Child, the benefits of a peaceful environment for children, women's rights, FGM, HIV/AIDS, and appreciation for cultural diversity. It will seek to increase resource levels for children. Third, the programme will build partnerships for children's causes with civil society, community-based organizations, local child rights supporters and youth.

14. The *planning, research, monitoring and evaluation programme* will develop CFC indicators and criteria for selecting communities for interventions, establish baseline data through rapid surveys, and monitor, coordinate and evaluate all programme interventions. The programme will also support the achievement of sectoral objectives in the selected areas through support to communities in participatory planning, monitoring and evaluation. At national level, the programme will work with partners to ensure timely and disaggregated data on the situation of children and women, and develop risk analysis maps to support emergency preparedness and rapid response interventions.

15. The *field operations component* will involve programme delivery; coordination of, and lead role for, OLS northern sector activities; management of aircraft, communications and logistics functions; and management and implementation of the emergency Relief and Shelter Projects. This component will be funded from the annual United Nations Consolidated Appeal.

16. The cross-sectoral costs will cover the salaries of one supply officer, one assistant officer, four assistants and one shipping clerk, one information technology (IT) officer, two IT assistants, two human resources assistants, two administrative assistants, one clerk and six drivers.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(in thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	4 907	10 690	15 597
Basic education	4 246	5 000	9 246
Water and environmental sanitation	4 108	4 840	8 948
Rights, protection and peace-building	3 209	1 700	4 909
Information, communication and advocacy	2 261	1 200	3 461
Planning, research, monitoring and evaluation	3 209	1 570	4 779
Cross-sectoral costs	1 750	0	1 750
Total	23 690	25 000	48 690

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note****Syrian Arab Republic***Summary*

The Executive Director presents the country note for the Syrian Arab Republic for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Over the past decade, the Syrian Arab Republic has achieved considerable progress in social development. The population of 15.7 million has a gross national product per capita of \$970. Infant and under-five mortality rates, estimated at 34 and 42 per 1,000 live births, respectively, in 1990, declined to 25 and 30 per 1,000 in 1999. With high immunization coverage rates, the country is certified as polio-free: no polio cases have been reported since 1995. According to the multiple indicator cluster survey (MICS 2000), primary education is compulsory, and primary school net enrolment rates are high: 98 and 95 per cent, respectively, for girls and boys.

2. Progress has been uneven, however, and geographic disparities persist. Under-five mortality is one third higher in rural areas than in urban areas. The rural north and north-east (five governorates that account for almost half the country's total population) lag in a number of social indicators. Surveys show that up to 19 per cent of children are underweight and 26 per cent are stunted in these areas, in contrast to 13 and 21 per cent nationwide. The region has less than one quarter of government

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.



health centres. Access to health services is about half that of other governorates, and in rural areas it is two thirds that of urban areas. Maternal mortality rates are higher than in some other countries of the region.

3. The major causes of infant and child mortality are premature birth, obstetric conditions, congenital malformations (often linked to consanguineous marriages or to administration of drugs during pregnancy), septicaemia, diarrhoeal disease and acute respiratory infections. Such findings highlight the need for improved maternal and child health services and for better home care. Data are scarce on adolescent health issues, including HIV/AIDS.

4. A 1995 study by the Ministry of Health and the World Health Organization (WHO) on the country's health centres found that the quality and range of services were limited, more so for maternal health. Government data show that only 67 per cent of births are attended by trained health personnel. Challenges also remain in improving home-care practices and the early childhood environment. Only 17 per cent of mothers in the north treat their children's diarrhoea correctly with oral rehydration therapy. Despite the implementation of a national salt iodization programme since 1993 to combat high goitre rates in children, a 1997 survey found only 40 per cent of households consumed iodized salt.

5. Primary school drop-out rates are higher among girls in the north and north-east. In 1997, for example, drop-out rates were 53 per cent for girls and 17 per cent for boys in Al Qusra district, in the north-eastern governorate of Deir Ezzour. Other challenges facing the education system are the quality and relevance of primary schooling. Classroom teaching is geared towards learning by rote, and the curriculum is not oriented towards the knowledge and skills needed in daily life. Many primary schools lack textbooks and other learning materials.

6. A 1998 national survey found that 0.3 per cent of children under 12, 7 per cent of children between the ages of 12 and 14, and 19 per cent of children between the ages of 15 and 17 were employed as workers. Children may spend a year or more in detention, often in contact with adult criminals, before being brought to trial. Linkages between judicial, law enforcement and social structures are weak. Recognizing this, the Government has initiated a reform of the juvenile justice system and has committed itself to reviewing national legislation vis-à-vis the Convention on the Rights of the Child and to improving the monitoring of the implementation of the Convention.

Lessons learned from past cooperation

7. Although the country has been certified as polio-free, not enough attention has been paid to verticality and poor quality within the health services, nor to preventive and home-care aspects of child health. The adoption in 1999 by the Ministry of Health of the WHO-UNICEF-supported approach for Integrated Management of Childhood Illness (IMCI) was a step in the right direction. Some 200 awareness seminars were held for youth and health workers on HIV/AIDS.

8. In education, UNICEF advocacy led to official recognition of the problem of girl drop-outs as a priority concern. Support to the Ministry of Education in improving the quality of basic education through the Global Education Initiative (GEI) prompted the adoption of this initiative for implementation in all of the

country's 12,000 primary schools over the coming 10 years. Not all experiences, however, were positive: the project for vocational training of girls and women did not address the more basic problem of drop-outs and covered only a limited number of girls.

9. The High-Risk Areas (HRA) programme played a key role in improving health and social conditions in targeted rural and peri-urban communities and in influencing national development policies through its pilot activities. For example, from 1996 to 1998, immunization coverage and school enrolment rates improved in some 40 villages. The programme's school health activities prompted development of a plan for implementing such activities in all primary schools nationwide. An initiative for encouraging girl drop-outs to resume their schooling prompted the Ministry of Education to pilot a "second chance" learning project in the northern governorates. Young women and adolescent girls have been mobilized to play the main role in establishing village health information systems, thus encouraging the Ministry to initiate such systems in selected districts to improve utilization of health services.

10. UNICEF-supported studies on juvenile justice, child disability, early marriage and child labour played a key role in generating policy discussion and initiating concrete action by the Government, such as the review of Syrian legislation, a national conference on juvenile justice, and training for all stakeholders to improve the administration of juvenile justice.

11. Advocacy could have been more effective, however, had the impact of UNICEF interventions been measured more systematically. Monitoring and evaluation of the programme need to be strengthened. Other weaknesses include overly ambitious planning, too many dispersed activities, and verticality of interventions. With its limited resources, the programme of cooperation will need to focus on fewer interventions.

Proposed country programme strategy

12. In January 2000, the UNICEF Executive Board approved the country note for the 2001-2005 programme of cooperation for the Syrian Arab Republic. Subsequently, a major cabinet reshuffle prompted the Government to request that the United Nations Development Programme, United Nations Fund for Population Activities and UNICEF extend their programme cycles by one year. This would allow the preparation of a new cooperation framework between the Government and United Nations agencies that would incorporate the country's new economic and social reforms and enable the three agencies to maintain a harmonized cycle. The Government's new five-year national plan, which emphasizes social and economic development, is still under review. Workshops have been held between various ministries and United Nations agencies, but due to political changes, the development of a new cooperation framework has progressed more slowly than expected. The first Common Country Assessment (CCA) was completed in 1999, but the United Nations Development Assistance Framework (UNDAF) is not yet completed. The United Nations country team is expected to update the CCA and finalize the UNDAF by the end of 2000, using a participatory process involving government and all other partners to ensure that national development priorities are

reflected. The CCA will incorporate findings from the UNICEF-supported MICS 2000.

13. The programme of cooperation will be essentially the same as that proposed in the 2000 country note. The normative framework provided by the Convention on the Rights of the Child will guide all dimensions of the programme. Nationwide, the Syrian Arab Republic has achieved many of the goals of the World Summit for Children, and most UNICEF-supported interventions will thus focus on unreached groups, notably in the north and north-east of the country. The programme will also make selective inputs at national level, in areas where policy changes and government action can lead to critical improvements in the situation of children and contribute to fulfilling their rights. To this end, UNICEF will continue its support to pilot experiences and action-oriented studies which, linked to advocacy, have proven successful in promoting child rights and policy and legislative changes. Because of limited programme resources, however, the identification and choice of these interventions will be critical. A more integrated programming approach will be adopted, in recognition of the connection between children's rights and women's rights. Through intersectoral working committees and policy seminars, a broad range of partnerships will be mobilized, including with Syrian civil society, other United Nations agencies and non-governmental organizations.

14. The programme of cooperation will support national and local authorities, communities and families in fulfilling their responsibilities to children and women, as defined by the Convention on the Rights of the Child. Within the context of the UNDAF, the programme will contribute to broader national efforts to: (a) reduce geographic disparities in social indicators; (b) introduce reforms designed to improve the quality and responsiveness of health and education services; and (c) create and sustain public and political concern for children's and women's rights. The programme will comprise three intersectoral programmes.

15. The *disparity reduction programme* will focus on disadvantaged communities in the five north and north-east governorates, building on the successes of the HRA programme during the 1996-2000 programme of cooperation. Such focus will help address disparities, provide pilot experience to promote policy change and promote community empowerment. Through a combination of local capacity-building, community mobilization and targeted service delivery, the programme aims to improve access to and quality of basic social services in these governorates, especially for women, and improve child-rearing knowledge and skills of parents and other caregivers in these communities. The "back-to-school" component of this programme will support the Ministry of Education in its efforts to address the problem of girl drop-outs in the same communities.

16. The second programme, *support to national policies and development*, will, through capacity-building and advocacy based on the results and experiences of the disparity reduction programme, contribute to government efforts to sustain national immunization and polio eradication achievements and reach the remaining World Summit goals. Support will thus continue to be given to national policies and strategies in the areas of IMCI, women's and adolescent health, HIV/AIDS, nutrition, the use of iodized salt and health communication. Through technical support, UNICEF will assist the Ministry of Education to address the problem of high drop-out rates through improving the quality and relevance of basic education, including promotion of child-centred interactive learning.

17. The *promotion of children's and women's rights programme* will ensure that these rights remain at the forefront of the national agenda. Through policy-oriented research, capacity-building and advocacy, it will continue to support the development and implementation of legislation, policies and programmes for children in need of special protection. UNICEF will also continue to advocate for ratification of the Convention on the Elimination of All Forms of Discrimination against Women and to improve the availability and quality of disaggregated data.

18. Learning from the previous programme, an integrated monitoring and evaluation plan will be developed and implemented for the new country programme, with particular attention to the setting of baselines.

19. The cross-sectoral budget will cover staff costs and other operational costs directly related to programme implementation, monitoring and management. Staff will include one international staff and five local assistants.

Estimated programme budget

Estimated programme cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Disparity reduction	1 614	700	2 314
Support to national policies and development	1 135	450	1 585
Promotion of children's and women's rights	895	300	1 195
Cross-sectoral costs	1 150	0	1 150
Total	4 794	1 450	6 244

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note****Tunisia***Summary*

The Executive Director presents the country note for Tunisia for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Tunisia is characterized by its political stability and by its sustained economic growth (averaging 5.4 per cent per year over the last three years). The per capita gross national product is estimated at \$2,100. Despite this growth, unemployment affects almost 16 per cent of the working population, particularly the young. The tenth development plan 2002-2006 focuses on the country's most urgent priorities: human resources development, the fight against unemployment and poverty, the reduction of disparities, regional development and economic reform. Since 1991, sustained efforts have been made to adapt the legal framework to the principles of the Convention on the Rights of the Child, and a child protection code was enacted in 1995. With a population of 9.5 million, the fertility rate has decreased to 2.2 and the rate of urbanization was 62 per cent in 1999, according to the National Statistical Institute (INS).

2. Tunisia has achieved most of the goals of the World Summit for Children. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) are estimated

* E/ICEF/2001/2.

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respectively at 24 and 30 per 1,000 live births. More than 90 per cent of pregnant women have benefited from prenatal monitoring and 88 per cent of births are assisted. However, the number of maternal deaths (70 per 100,000 live births in 1993) and the frequency of anaemia in women (26 per cent) although reduced, have not yet met the established goals, and are still disparities between the different regions of the country. Although there is no significant difference between boys and girls, mortality rates in rural areas continue to be twice as high as in urban areas. Despite the fact that it is decreasing, the illiteracy rate is estimated at 27 per cent and includes more than 53 per cent of rural women (INS, 1999). Neonatal mortality accounts for two thirds of infant mortality, which means that the quality of prenatal and birth monitoring needs to be improved. In children under five, stunting is estimated to be 12 per cent at the national level and 18 per cent in rural areas (multiple indicator survey, 2000), and anaemia to be 22 per cent. Since notification of the first case of HIV/AIDS infection (December 1985) and up until the end of 1999, 920 cases had been recorded.

3. Children between 0 and 3 years of age are essentially looked after by their families. Only 13 per cent of children between 3 and 5 years of age receive pre-school education, whose quality is very uneven. Consequently, the family plays an important role but is not always knowledgeable enough to educate and stimulate a young child, owing, in part, to the high rate of illiteracy among rural women. According to the Ministry of Education, 99 per cent of children have access to primary school and the gap between girls and boys has almost been eliminated. The school drop-out rate has decreased significantly at the primary school level (from 7 per cent to 3 per cent over the last decade), but it remains approximately 10 per cent for children between 12 and 16 years of age. Nearly 300,000 children between 6 and 16 years of age are not in school. About 16 per cent of the children repeat a year at the primary school level, and 20 per cent at the secondary level of basic education. The foremost problems in the area of education are essentially related to quality and performance, and there are major disparities between regions and between rural and urban areas.

4. According to qualitative surveys, although two thirds of adolescents state that they have no family problems, it is noticeable that the father is often absent from their conversation. The need to be heard and to receive the information they require are common concerns among the adolescents questioned. However, the way in which existing facilities are organized does not always encourage young people to attend them.

5. Following the ratification of the Convention on the Rights of the Child, the protection system has been characterized by the priority given to prevention policies, with measures such as the creation of the corps of child protection representatives. However, its *modus operandi* needs to be improved. Since 1995, the Government has prepared an annual report on the situation of children, which is an important means of collecting data and monitoring the situation of children and adolescents. However, the process of preparing this report needs to be improved, particularly with regard to the cross-sectoral approach and analysis.

Lessons learned from past cooperation

6. The mid-term review of the 1997-2001 programme of cooperation highlighted the principal achievements: the contribution to the policy of decentralizing the health system (district health programmes); the "basic skills" approach, aimed at improving the quality of learning, the pilot phase of which was completed leading to its application in all the primary schools throughout the country; and support for the implementation of the corps of child protection representatives in the 23 governorates. It was recommended that increased popular participation should be promoted, cross-sectoral approaches should be strengthened and the decentralization of decision-making should be accompanied by the provision of adequate means.

7. At the central level, the work of advocacy and technical assistance has played an important role in the development of national policies. At the same time, the design of innovative approaches in underprivileged regions and regular monitoring of actions have helped to improve and strengthen the task of providing support at the central level, based on practical experience. These two converging approaches have strengthened UNICEF's credibility with its national partners, and they recognize that it plays the role of both catalyst and facilitator of exchanges of experience. The joint preparation of external evaluations with the Government has played a crucial role in reshaping the strategies of the programme of cooperation and supporting national policies.

Proposed country programme strategy

8. The proposed programme is a continuation of the current programme and is based on the consolidation achievements in education, health and protection. The principal cross-sectoral elements for priority action involve improving the quality of social services, reducing disparities, local capacity-building and the development of a participatory culture. This will be achieved through national capacity-building, high-quality technical assistance, the development, monitoring and evaluation of innovative initiatives in underprivileged regions, and exchanges of experience with other countries. The "adolescent" dimension will cross-cut each programme. Special attention will be given to the effective participation of students in school life and to listening to adolescents in the front-line structures. The proposed programme of cooperation has four components.

9. The education programme aims at ensuring the right of all Tunisian children to high-quality education by improving the educational system in order to reduce the number of students who drop out or repeat a year, and also the disparities between regions and between rural and urban areas. It forms part of an expanded vision of how to prevent social exclusion, identifying the school as the preferred place for promoting the values of citizenship and the participation of children and their families. The programme will endeavour to strengthen coordination and convergence with the World Bank and the European Union and will be designed around two principal components: quality of education and support to priority education areas. UNICEF will support the general application of the "basic skills" approach by contributing to the revision of school programmes and manuals, promoting exchanges of experience, communication, and the systematization of studies to monitor the quality of education. Once it has helped to identify underprivileged schools and action strategies for the priority education area

programme, UNICEF will support the development of innovative experiences aimed at improving the teaching environment, at training and at setting up school councils.

10. The health and development programme will be designed around two integrated elements: improving the quality of delivery of the basic health services, and helping to educate families, in order to ensure the integral development of the child, focusing on children in the 0 to 3 years age group. By capitalizing on the achievements of the previous programme, UNICEF will continue to support national strategies aimed at establishing district health programmes, auditing maternal deaths, and preventing and attending cases of anaemia. The quality control process will be improved by training local teams and sharing experiences. Research-action will be encouraged in order to maintain a constant dialogue with the community. Different ways of integrating a service for listening to young people into the health centres will be tested and then evaluated and extended throughout the country. The model for the integrated care of children's diseases will be improved by incorporating developmental elements and the early detection of disabilities, and also by an anaemia component. The educational aspects of promoting better care for children in the home will also be strengthened, by an information campaign at the community level and in the media addressed to mothers and families, in collaboration with the literacy network and non-governmental organizations. Its impact on improving the population's understanding and changing their behaviour will be evaluated during and at the end of the cycle.

11. The social integration and protection programme is directed at children and adolescents who are at risk of being marginalized. The training for child protection representatives will be extended to all actors in the judicial and social protection system. The programme will help to strengthen the mechanisms of the protection system and harmonize the different types of action; it will also encourage collaboration between the actors in the context of cross-sectoral protection networks. At the beginning of the cycle, a few selected experiences at the regional level will provide a basis for a model for operating as a network, which will gradually be extended to the other governorates. The acceptance of children with disabilities in the regular school system will be further promoted by advocacy and testing, with a view to gradually adopting and expanding this approach. UNICEF will continue to advocate that the time spent in institutions should be reduced and that alternative solutions should be sought for children deprived of a family setting.

12. The programme to monitor and promote the rights of the child will provide technical support for the preparation of the annual report on children, by strengthening coordination between the departments concerned and harmonization of the indicators, and will bolster the existing data collection systems. In order to establish a culture of the rights of the child in society, the programme will develop alliances with non-governmental organizations, universities, the media and the private sector, to provide them with information and involve them in specific actions in favour of positive changes in behaviour.

13. The cross-sectoral costs will allow an integrated programme monitoring and evaluation plan to be developed in order to ensure that activities in the field are monitored and to improve teamwork and the multi-disciplinary approach within the office and with partners. A strategy for mobilizing resources and strengthening alliances with donors will be prepared subsequently.

Estimated programme budget

Estimated programme of cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Education	959	1 750	2 709
Health and development	900	300	1 200
Social integration and protection	330	350	680
Monitoring and promotion of the rights of the child	140	100	240
Cross-sectoral costs	1 000	0	1 000
Total	3 329	2 500	5 829

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note****Yemen***Summary*

The Executive Director presents the country note for Yemen for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Yemen has a gross national product per capita of \$350 and a population of 17.4 million, of which 80 per cent is rural. Despite social progress over the past decade, the situation of children and women remains worrisome. Most goals of the World Summit for Children have not been achieved. The 1997 Demographic and Health Survey (DHS) shows that infant and under-five mortality rates remain high, at 75 and 105 per 1,000 live births, respectively. The maternal mortality rate (350 per 100,000 live births) and total fertility rate (6.5, according to the 1997 DHS) are among the highest in the region. From 1970 to 1999, primary school attendance increased from 22 to 59 per cent and health service coverage from 10 to 45 per cent; both, however, remain lower than rates in most other countries of the region.

2. Since the 1990 unification of the north and the south, the country has had to meet several challenges, including the merging of two different social systems, the effects of the Gulf war and the 1994 civil war. Yemen also hosts some 62,000 refugees, mainly from Somalia. Since 1995, the country has been implementing a

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.



structural adjustment and economic reform programme. The Government is committed to increasing health and education spending. Following the signing of a treaty with Saudi Arabia over a long-standing border dispute, it is anticipated that defence expenditure will decrease and social spending will increase. The Government is expected to pass a Unified Children's Law in 2001.

3. Most indicators show large gender and geographic disparities, as indicated by Ministry of Education and DHS statistics. These include: net primary school attendance (40 per cent for girls; 75 per cent for boys), literacy (23 per cent for women; 66 per cent for men), the use of improved sanitation facilities (92 per cent for urban areas; 34 per cent for rural areas), and access to health and other services. Diminishing water resources and inadequate access to safe water (68 per cent in rural areas, according to the DHS) are of concern. Diarrhoeal disease, acute respiratory infections and malaria are the principal causes of child mortality and morbidity. Immunization coverage rates have risen dramatically, from less than 50 per cent to over 70 per cent during the last 3 years, but vaccine-preventable diseases remain a problem. While Yemen has some way to go before being certified as polio-free, no polio virus has recently been reported in the country. Some 46 per cent children under five are moderately to severely underweight, and one fifth of infants suffer from low birth weight. Surveys conducted in parts of the country have shown prevalence of vitamin A deficiency and anaemia, the latter as high as 74 per cent among children age 1 to 6 in some districts. A national salt iodization programme reduced the total goitre rate from approximately 32 per cent in 1997 to 16 per cent in 1999. The number of reported cases of HIV/AIDS is 806, but there is significant underreporting.

4. The large gap between boys' and girls' net primary school attendance rates is due to many reasons: concerns about girls' contact with men and boys; a shortage of women teachers; the lack of separate sanitation facilities in schools; the priority given to boys' education and parents' perception of girls' education; the distance to schools in rural areas; and the costs of uniforms and school supplies. There is a shortage of classrooms and schools, and existing ones are often in poor condition. Textbook production meets only half the required needs, and distribution systems are inadequate, particularly in rural areas. Teacher absenteeism and irregular supervision of teachers are major problems.

5. The Government is committed to involving women in the national development process and to increasing their literacy rate. The National Women's Committee has recently been reactivated, and issues such as violence against women are now being discussed more openly. Despite such progress, efforts are still needed to bridge the significant gender disparities. The plight of children in need of special protection has drawn increased attention in recent years. While the Government is committed to eliminating child labour and addressing juvenile justice, national capacity is weak in these areas.

Lessons learned from past cooperation

6. The 1999-2001 country programme was notable in addressing a broad range of child rights issues, specifically child protection, and in achieving visible results through its area-based programme — an approach consistent with the Government's decentralization policy. UNICEF support to immunization, polio eradication,

vitamin A supplementation, salt iodization, flour fortification and girls' education led to positive results. Immunization coverage increased from 68 per cent in 1998 to 75 per cent in 1999, due mainly to a focus on districts with low coverage. Partnerships with the private sector led to the fortification of wheat flour with iron/folate. UNICEF efforts contributed to establishment of juvenile courts and alternative detention centres for minors. Some 310 primary school classrooms became fully operational, well-managed and capable of providing quality education to over 8,500 pupils. UNICEF advocacy led to an increase in new posts for female teachers from 500 to 1,600, and implementation of a law providing incentives to attract and keep female teachers in rural areas. Overall, UNICEF contributed to policy and strategy development at the national level, while achieving immediate results in deprived areas. Cooperation with partners has been strengthened. Some \$29 million will be channelled through UNICEF from World Bank/International Development Association funds.

7. A number of lessons were learned from the current programme. More effort is required to share district- and community-level experiences with national task forces on health and education sector reform. Many programme objectives were overly ambitious. Some activities were too dispersed and poorly linked to objectives. Mechanisms to collect information on monitoring and evaluation indicators, both on programme progress and on the situation of children and women, remain weak. An evaluation showed that the area-based approach had accelerated project implementation, and that community participation and local capacity-building had led to positive results in the selected districts. The evaluation also noted, however, the need to improve planning and assessment processes at community level; strengthen linkages with governorate- and district-level planning; and ensure greater convergence of interventions.

Proposed country programme strategy

8. The overarching goals of the proposed programme of cooperation will be to support national efforts to reduce child and maternal mortality, and to support the realization of the rights of children and women, based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The programme will operate within the framework of the national development plan; the Government's poverty reduction strategy and its commitment to decentralization and increased local governance; and a harmonized cycle with other United Nations agencies. The development of the programme took place in parallel with those of the Common Country Assessment and the United Nations Development Assistance Framework. Key programme strategies include: participating in the sector reform process; advocating for and supporting appropriate policies; building capacities at all levels; providing basic social services and improving service quality through the area-based approach; and providing the knowledge, skills and support necessary at family and community level for children's survival, development and protection. The programme of cooperation comprises six programmes. Within each programme, policy development will be supported at the national level, while selective field interventions will converge with those of the area-based programme, which will cover 30 districts located in 9 governorates.

9. The *health and nutrition programme* will contribute to national goals, through support to service expansion, capacity-building and empowerment of selected communities. It will aim to raise and maintain immunization coverage above 90 per cent; contribute to polio eradication and to elimination of maternal and neonatal tetanus and measles; support the Integrated Management of Childhood Illness initiative; promote exclusive breastfeeding; and expand access to essential obstetric care. Through food fortification, salt iodization, vitamin supplementation, and health and nutrition education, UNICEF will continue to support government efforts to combat micronutrient deficiencies.

10. The *basic education programme* will seek to increase access to basic education for all children, especially girls; improve the quality of teaching and learning; and strengthen management capacity within the sector. UNICEF will continue to support the training of new female teachers and refresher training on a national scale, including the testing and adoption of new teaching methodologies. UNICEF will also assist the Government in developing a textbook policy and in designing appropriate measures to increase the availability of primary level textbooks and learning aids. Such activities will converge with those supported through the area-based programme. The programme will also support institutional capacity-building for planning and monitoring, including the measurement of learning achievement.

11. The *child protection programme* will support the development of policies and the improvement of legislation on child protection; the setting and monitoring of standards; and the strengthening of national capacities. UNICEF will support the training and sensitization of care providers and judicial and law enforcement officials, and will work with the governmental and non-governmental organizations to expand services for street children, children with disabilities, working children, and children and women in conflict with the law.

12. The *area-based programme* is an approach to ensure that all national-level sectoral objectives are met through the convergence and implementation of interventions in the selected districts. District-level baseline surveys and participatory assessments will be undertaken, and area-specific targets set. The synergy achieved through convergence is expected to result in greater impact, more efficient use of resources and improvement of indicators in the selected districts. The area-based programme will thus provide a minimum package of essential basic services, involve local communities and authorities in their design and management, and strengthen subnational institutions in the following areas: district health systems, community-based nutrition, community schools, water supply and sanitation, early childhood development, and women's empowerment and decision-making initiatives, including life-skills training and income generation.

13. The *advocacy, communication and social mobilization programme* will promote children's and women's rights and support other programmes in planning, implementing and evaluating communication activities. The active participation of communities and of youth as a force in these communities will be promoted as a means to achieve behavioural change. Since only 40 per cent of the population has access to television and radio, UNICEF will strengthen its cooperation with the Government's network of mosques, a major channel of communication. Capacity-building of partners, including media professionals, will focus on improving skills for designing appropriate programmes and raising public awareness. Private sector involvement will be actively pursued.

14. The *planning, monitoring and evaluation programme* will identify areas of disparity and strengthen national monitoring systems in these areas; develop an effective system for monitoring child rights in Yemen through strengthening the Higher Council for Mothers and Children; promote the application of the 20/20 Initiative in government and donor budgeting; and establish baselines and mechanisms to monitor and evaluate the country programme.

15. Cross-sectoral costs will cover programme implementation expenses not attributable to individual programmes, such as salaries and related expenses of certain programme and operations staff not included in the support budget.

Estimated programme budget

Estimated programme cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	5 100	5 500	10 600
Basic education	3 100	3 500	6 600
Child protection	1 800	2 500	4 300
Area-based programme	6 155	6 500	12 655
Advocacy, communication and social mobilization	1 000	1 000	2 000
Planning, monitoring and evaluation	900	1 000	1 900
Cross-sectoral costs	800	0	800
Total	18 855	20 000	38 855

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.

